

# Colorado Maternal and Child Health Priority

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## Pregnancy-Related Depression Annual Update

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### Significant 2012 MCH Priority Achievements

- During 2012, the pregnancy-related depression (PRD) MCH Implementation Team (MIT) continued to expand the expertise represented on its PRD State Advisory Committee and worked with this committee to identify its strengths and diversify its communication outlets. The team also initiated relationships with key partners in the substance abuse field, including staff from Colorado SBIRT, Colorado Drug Endangered Children and the Methamphetamine Task Force. The team continues to participate in the Mental Health/ Substance Abuse Winnable Battle workgroup to further its networking and partnership with other state agencies, and has connected specifically with the Special Connections program at the Colorado Department of Human Services and the Prenatal Plus Program and the Colorado Department of Health Care Policy and Financing. The PRD MIT anticipates furthering its collaborative relationships in 2013.
- A contractor conducted key informant interviews with 16 states that have successfully implemented PRD initiatives. These interviews helped guide the MIT's work and provided considerations for future initiatives in Colorado. A summary report of the findings will be completed in early 2013.
- In fall, 2012, the MIT partnered with Katherine Stone of Postpartum Progress to conduct a webinar on PRD. This webinar provided an overview on the symptoms, screening and treatment of PRD and drew over 130 participants from across Colorado.

### Implementation Challenges Encountered

- The PRD MIT realized the limitations Medicaid currently has in expanding a reimbursement code to cover PRD screening and referral. These limitations are a result of both the impending requirements from the Affordable Care Act, as well as other competing priorities. As a result, current action items related to Medicaid will most likely not come to fruition as originally intended.
- The team is in the process of reassessing its work with Medicaid and exploring new avenues to further policy and reimbursement for PRD. The MIT sought guidance from its PRD State Advisory Committee on other ways to work with Medicaid, and will be conducting in-depth key informant interviews with up to five states that have successfully implemented screening and referral models for PRD. These interviews will focus on diverse models of reimbursement, including the bundling of PRD assessment with other screens such as substance use and domestic violence.
- The team is also exploring ways to help guide Medicaid in its depression screening practices. Staff members plan on participating in the public comment period for the Behavioral Health Organization (BHO) contracts and have recently been connected with the work of the Quality Health Improvement subcommittee of the Accountable Care Collaboratives, which contains a component related to integration of behavioral/mental health.

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## **Local Public Health Agency Implementation Support**

- The PRD MIT successfully convened its first Learning Circle at Larimer County Health Department in October of 2012. The MIT will continue these Learning Circles in 2013 and plans on hosting the circles at health departments around the state to increase participation and cohesion. Additionally, all LPHAs that are implementing the PRD Local Action Plan participate on the PRD State Advisory Committee and have access to the expertise, resources and communication used by this committee.

## **Lessons Learned in 2012**

- One of the most relevant lessons learned in 2012 was the need for key partnerships and collaboration in order to further systems-change work and leverage available resources. The MIT continues to look to its peers in early childhood and developmental screenings for both guidance and partnership opportunities.
- Many of the risk factors associated with PRD are also associated with other issues gaining momentum in Colorado, including substance abuse and domestic violence. The MIT plans to further the integration of PRD work with that of other systems in 2013.
- The MIT is continually learning about diverse efforts addressing PRD around the state by other agencies. The team is striving to work in tandem with these efforts to ensure consistent messaging and avoid a duplication of effort.

## **Next Steps and Goals for 2013**

- In 2013, the PRD MIT will be contracting with HealthTeamWorks to expand and supplement the Adult Depression Guideline previously developed in 2010 to include more emphasis on pregnant and postpartum women. The exact materials to be developed will be decided by a committee of experts; however materials may include the development of supplemental medication guidance, screening and referral support and/or other pertinent items. The team anticipates going through a strategic recruitment process for the committee to ensure key individuals and/or sectors are represented on the committee. The creation of these materials in 2013 will be followed by an implementation stage in 2014. The implementation stage will include pilot testing the materials to ensure applicability followed by a series of technical assistance activities. Like with the development of materials, the technical assistance conducted by HealthTeamWorks will be defined by the committee of experts and other target audience members.
- In January 2013, the MIT will implement a statewide survey on PRD to further assess the screening, referral and support resources available. The survey will be an e-survey and will allow for the visual mapping of results. This survey will assist with future program planning and allocation of resources.
- The PRD MIT also plans on considering additional opportunities in 2013-2014 as a result of information obtained during its nationwide key informant interview process. One such opportunity is to further explore, and potentially embark upon, a multi-year plan to develop, implement and evaluate a public awareness campaign for PRD. Another opportunity includes furthering the work of the Maternal Mortality Review Committee and integrating into PRD initiatives.